

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.  
**10647196**  
APPLICANT(S)

FILING DATE  
**08-21-03**

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
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4		1				
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99						
100						
TOTAL IND.	9					
TOTAL DEP.	25					
TOTAL CLAIMS	34					